Borders NHS Board

ACCESS TO TREATMENT REPORT AT DECEMBER 2014

Aim

The aim of this paper is to update the Board on progress against Waiting Time and other access guarantees, targets and aims.

INPATIENTS, DAYCASES, OUTPATIENTS AND DIAGNOSTICS

Overview

The performance of Health Boards in relation to Waiting Time is measured against the number of weeks a patient waits for treatment.

The building blocks to achieve this access to treatment are known as the Stage of Treatment targets and these are set at 12 weeks for inpatient/daycase and 12 weeks for new outpatients. Locally the aim is to achieve nine weeks for each moving forward, in order to allow local flexibility and responsiveness in delivering for patients and also to address the difficulties encountered in particular this year.

These Stage of Treatment targets support the delivery of two other commitments that Health Boards report upon: firstly, the Treatment Time Guarantee (TTG) which takes the existing target of 12 weeks for inpatient/daycase treatment and strengthens it in law; secondly an additional target to treat at least 90% of patients within 18 weeks from a referral by a GP to start of treatment. This is known as Referral to Treatment (RTT).

This is supported by Diagnostic waiting times where the waiting times standard for a number of key diagnostic tests is a maximum of six weeks. NHS Borders has to ensure that the diagnostic test and verified report is received by or made available to the requester within six weeks. Locally the aim is to achieve a wait of no more than four weeks.

Each of these is taken in turn below in order to provide the Board with an informed narrative of the position and steps to achieve the challenges faced.

The Board has faced a difficult year in managing access standards due to significant capacity challenges in a number of areas. Although, we continue to face ongoing challenges, we are making steady progress in delivering and sustaining positive improvements.

Stage of Treatment – the building blocks

The Board has the following number of patients on its waiting lists, including the number waiting over 9 and 12 weeks.

The total numbers waiting for inpatient or daycase treatment has been showing a continuing downward trend since May 2014, consistent with plans to reduce to waiting times below 9 weeks for all patients

Table 1 Inpatient/daycase Stage of Treatment – patients waiting at end of month by specialty

Available Inpatient /daycase	*Jan-14*	*Feb-14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*Jul-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov-14*	*Dec -14*
>9weeks	176	133	115	123	115	120	101	167	159	127	141	157
>12weeks	27	38	16	4	11	8	5	20	23	11	6	5
Total Waiting	1,232	1,437	1,063	1,051	1,305	1,299	1,260	1,165	1,062	1,062	1,070	1,024

The October Board report noted that a small number of ENT patients were still waiting beyond 12 weeks, following the loss of locum support and the large number of patients affected by this. These patients have now all been treated.

The report also predicted that all patients over 12 weeks would be treated by end December. Although, at the end of December, there were 5 patients waiting over 12 weeks, this represents a significantly improved position on earlier months and progress towards a zero status.

Looking forward, however, we expect a significant increase in numbers of patients waiting over 12 weeks from January onwards because of:

1. The very high pressure on the system since Christmas, as a result of delayed discharges. This resulted in cancellations of procedures. Patients cancelled during this period have been rebooked to be treated in January, February and March.
2. A configuration error in the Trak data entry system which affected calculation of Treatment Time Guarantee date for some patients between September 2nd 2014 and January 6th 2015. , The error was identified and fixed in mid-January.

The impact of these issues is presented in the Treatment Time Guarantee section below..

We continue to work to a trajectory to ensure all patients are treated within or earlier than 9 weeks. All specialties other than Orthopaedics and General Surgery are close to or at this position. Plans for addressing the Orthopaedic demand are being developed, with a view to implementation in the first half of 2015/16. A review of the allocation of General Surgery patients between the Consultant Surgeons will be undertaken in February to level-load waiting times and reduce overall waits.

In the October Board report, the Outpatient waiting time position was predicted to worsen in November, prior to improving from December onwards. Although this has not been achieved within the stated timescales, the plan to reduce waits below 9 weeks remains intact, with a shift in timescales of about two month.

Table 2a – New Outpatient Stage of Treatment – patients waiting

Available Outpatient	*Jan 14*	*Feb 14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep–14*	*Oct-14*	*Nov-14*	*Dec-14*
>9weeks	401	391	337	434	472	366	556	805	897	962	941	1001
>12weeks	166	167	34	68	136	132	155	286	429	461	421	533
Total Waiting	4316	4,201	4,198	4,092	4,327	4,507	4, 502	4,232	4,876	4,991	5,000	4,944

The increases in patients waiting over 12 weeks are predominantly in ENT where numbers continue to increase. The numbers waiting over 12 weeks have now increased to 261 (October:171) and over 9 weeks to 365 (October:272). This is because were unable to arrange the full number of planned additional weekend clinics. The third ENT consultant commenced in mid-January and this additional input will ensure that capacity matches demand. Additional weekend clinics are planned to reduce numbers over 9 and 12 weeks with a trajectory to zero by May 2015.

Other areas of challenge are in

- **Gastroenterology** where numbers over 12 weeks have increased to 75 (58 in October) and over 9 weeks to 102 (82 in October). Gastroenterology waiting times continue to be challenging to resolve. Additional weekend clinics are being put in place to manage current waits. A longer-term plan to establish sustainable capacity is under consideration.
- **Chronic Pain** where booking processes are being redesigned. This should result in a significant reduction in numbers over standard once implemented.
- **Orthopaedics**. There has been a short-term increase in Orthopaedic numbers waiting over 9 and 12 weeks. This is expected to reduce back to zero by March.

On a more positive note, there have been substantial reductions in numbers waiting over 9 and 12 weeks in Dermatology and Oral Surgery. Both specialties should be at zero for 9 weeks by February 2015.

The 12 week Treatment Time Guarantee (TTG)

TTG provides inpatient access within 12 weeks of an agreement with the patient to proceed to treat.

This Guarantee is directly linked to how long a patient is waiting for treatment, yet it is reported only following the delivery of the treatment to the patient. That is why it remains crucial to keep the Stage of Treatment targets in sight, as these are a precursor and indicator of any potential forthcoming breaches of the TTG.

There is, then, necessarily a difference in the timescales of reporting. Stage of Treatment breaches are reported when the patient wait exceeds 12 weeks whilst TTG breaches are reported once the patient is treated.

The table below shows reported numbers of TTG breaches each month.

Table 3 Inpatient Performance Against TTG

Inpatient *(Available Patients)*	***Jan-14***	***Feb-14***	***Mar-14***	***Apr-14***	***May-14***	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***	***Nov-14***	***Dec - 14***
>12weeks	11	15	37	17	8	9	8	5	19	15	9	7

Previous board reports predicted achieving zero TTG breaches by December 2014. While this has not been achieved, numbers of patients breaching TTG are on a downward trajectory.

A further 5 patients were predicted to be treated beyond TTG date after December – 2 patients in January and 3 patients in February. The reasons for these breaches were due to cancellation due to urgent cases, lack of HDU bed and two instances where patient was reviewed in private sector and not considered suitable.

As detailed above, the current and predicted TTG position will be impacted significantly by;

- The large number of cancellations in January
- The impact of the Trak data error,

It is anticipated that these issue will work through and be recorded as TTG breaches in January (48 total), February (39 total) and March (10).

A recovery plan is in place and we expect to return to a zero position for TTG by the end of March 2015. A trajectory to achieve 9 weeks is in place to provide headroom and avoid TTG breaches. The TTG position will still be at risk from short-notice cancellations, due to patients being treated close to 12 week guarantee date, until the trajectory is achieved.

18 Weeks Referral to Treatment (RTT)

The national target for NHS Boards RTT is to deliver 90% combined admitted/non admitted performance, with a local “stretch” applied aiming to achieve an overall performance target of at least 95%, and the admitted pathway above 90%.

Performance	***Jan-14***	***Feb-14***	***Mar-14***	***Apr-14***	***May-14***	***Jun-14***	***Jul-14***	***Aug-14***	***Sep-14***	***Oct-14***	***Nov-14***	***Dec - 14***
Overall	90.1%	90.0%	90.1%	90.4%	90.6%	90.2%	91.5%	90.4%	90.6%	90.1%	90.0%	90.8%
Admitted Pathways	65.0%	67.3%	64.8%	65.3%	72.6%	74.8%	77.4%	74.7%	78.5%	67.5%	72.4%	76.5%
Non-admitted Pathways	94.2%	93.9%	95.0%	94.5%	93.8%	92.8%	93.9%	92.68%	92.4%	93.8%	92.8%	92.9%

NHS Borders has consistently achieved the 90% national standard. This has proven challenging over the last 12 months, due to a relatively poor performance on admitted pathways.

There have been improvements in Orthopaedics, ENT and Oral Surgery numbers <18 weeks. For non-admitted pathways, improvements in performance in ENT, Oral Surgery and Dermatology have been offset by decreases in General Surgery, Gastroenterology, Chronic Pain and a slight dip in Ophthalmology.

Diagnostics

The national target is that no patient waits more than six weeks for one of a number of identified key diagnostic tests. Locally this target has been set at four weeks.

There has been a worsening in performance for diagnostic waits. At the end of December, NHS Borders was reporting 101 patients waiting over 6 weeks. Details of the diagnostic waits over the local target of four weeks are included below in Table 5:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	*Jan-14*	*Feb - 14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov-14*	*Dec-14*
Colonoscopy	0	0	1	0	0	0	15	23	0	23	7	43
Cystoscopy	0	0	2	7	12	16	8	2	5	9	15	26
MRI	6	0	0	0	0	0	22	0	0	0	1	0
CT	0	0	0	0	0	0	0	0	0	20	0	0
US (non obstetric)	0	14	2	0	0	0	0	4	0	43	82	101
Barium	0	0	0	0	0	0	0	1	0	0	0	0
Total	**6**	**14**	**5**	**7**	**12**	**16**	**45**	**30**	**5**	**95**	**105**	**170**

Action is being taken to address the worsening position in the three affected diagnostic tests:

- **Colonoscopy** performance has deteriorated over the past 4 months. This is due to a combination of a reduction in the number of colonoscopy sessions performed from July 2014 following withdrawal of Lothian activity, a surge in referrals from April 2014, with knock-on effects for waiting times and an additional reduction in lists due to the festive period. Arrangements to increase the number of colonoscopy lists have been made and these will commence in February. Short-term locum support is being sought for March to enable extra lists to be undertaken and waiting times to be reduced to a sustainable level. The situation is being monitored weekly with the clinicians to address capacity issues.
- **Cystoscopy** performance continues to be challenging. Arrangements are in hand to put in place ad-hoc additional lists to reduce waits.
- **Ultrasound.** As reported in the October Board report, capacity continues to be impacted by maternity leave and other absences. Additional locum support is in place and weekend lists are being undertaken in January and February. It is anticipated that this should improve the situation.

Unavailability

To ensure continued delivery of Waiting Times targets, it is essential that patient unavailability is closely monitored and that patients are managed in accordance with national guidelines.

Information regarding unavailability is shown in Table 6 below.

Table 6: Monthly Unavailability Statistics (Inpatient and daycase waiting list)

Unavailable	*Jan – 14*	*Feb – 14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sept -14*	*Oct-14*	*Nov-14*	*Dec-14*
Unavailable: patient advised	194 (75.2 %)	212 (73.4 %)	164 (61.7 %)	147 (55.9 %)	159 (64.4 %)	154 (66.4 %)	169 (71.6 %)	142 (64.8 %)	143 (64.1 %)	127 (57.0 %)	109 (54.5 %)	152 (62.8 %)
Unavailable: medical	64 (24.8 %)	77 (26.6 %)	102 (38.3 %)	116 (44.1 %)	88 (35.6 %)	78 (33.6 %)	67 (28.4 %)	77 (35.2 %)	80 (35.9 %)	96 (43.0 %)	91 (45.5 %)	90 (37.2 %)
Inpatient/ day cases	258 (17.3 %)	289 (20.1 %)	266 (20.1 %)	263 (21.5 %)	247 (20.8 %)	232 (19.8 %)	236 (20.4 %)	219 (18.8 %)	223 (18.8 %)	223 (19.7 %)	200 (18.0 %)	242 (21.9 %)

“Unavailable: Patient Advised” is the recognised national descriptor for those patients who have advised that they are unavailable for treatment on the dates offered often due to the fact that they have opted to remain longer on the waiting list in order to be treated at the Borders General Hospital or are otherwise unavailable due to for example, holidays or work arrangements.

“Unavailable: Medical” is the recognised national descriptor for patients who are not deemed to be medically fit for their operation at the current time.

There has been a slight rise in the numbers of patient-advised unavailability. This is related to an increase in patients reporting unavailability and is likely to be due to the Christmas period.

Planned changes to pre-operative assessment clinics have been delayed due to need to increase pre-operative assessment capacity and due to theatre pressures. These changes will enable most patients to receive full pre-operative assessment on the same day as outpatient clinic and will avoid patients who are unfit being listed for treatment. This will result in a reduction in numbers of patients medically unavailable.

Cancer Waiting Times

Two cancer standards are in place on which NHS Boards are asked to deliver.

- The 62 day urgent referral to treatment standard includes screened positive patients and all patients referred urgently with a suspicion of cancer.

- The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment.

- The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

Cancer Waiting Times standards are reported quarterly. NHS Borders has consistently achieved the 62-day standard in the past 5 consecutive quarters and the 31-day standard has been achieved every quarter since it was established;

Cancer waiting times	***Apr to Jun-13***	***July to Sept-13***	***Oct to Dec-13***	***Jan to Mar-14***	***Apr to Jun-14***	***July to Sept-14***	***Oct to Dec-14***
62-day standard	92.31%	93.9%	98.84%	96.77%	98.77%	98.51%	97.44%
31-days standard	98.15%	100%	98.44%	100%	100%	100%	100%

There were two breaches of the 62-day standard in the quarter from Oct- Dec 14.

There were no breaches of 31-day standard in the quarter from Oct-Dec 2014, resulting in a quarterly return of 100%.

Delayed Discharges

The current target for 2014/15 is to reduce to zero delays over four weeks. NHS Borders are working to what will be the new national target from April 2015 of 14 days. As at the census point in August, there were eight patients waiting over 14 days. More detail is provided in Table 7 below:

Table 7:Delayed Discharges

	May-14	**Jun-14**	**Jul-14**	**Aug-14**	**Sept-14**	**Oct-14**	**Nov-14**	**Dec -14**
No. Delayed Discharges over 2 weeks	6	10	10	8	1	3	4	1
Delayed Discharges under 2 weeks	11	6	8	5	6	7	2	12

NHS Borders successfully bid for additional money (£106k) from the Scottish Government which will be used to secure spot purchased places in care homes that will reduce the total bed days lost due to delayed patients and help improve patient flow. The first patients transferred under these arrangements were discharged in the week leading up to Christmas.

With regard to progression of the Delayed Discharges PID, a Project Manager was identified to support this work with effect from mid January 2015.

ALLIED HEALTH PROFESSIONALS

Overview

For all Allied Health Profession (AHP) services, a local target of 9 weeks was identified as the standard which should be met from referral to initial appointment.

Table 8: AHP service performance against nine week target

AHP Service	*Jan–14*	*Feb-14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov-14*	*Dec - 14*
Physiotherapy	329	313	374	547	717	838	1076	1057	916	724	594	626
Speech and Language Therapy	1	0	0	0	0	0	0	0	0	2	0	0
Dietetics	4	3	4	7	3	0	3	8	7	4	7	3
Podiatry	0	0	0	0	0	3	0	0	0	0	0	0
Occupational Therapy	2	7	10	14	14	10	10	14	13	9	8	13

Physiotherapy

There has been some improvement in numbers waiting over 9 weeks to November but as predicted in the October report, the waiting list has started to worsen with current staffing capacity not meeting demand. The service has vacancies that they have not been able to fill, including gaps in locum cover. Plans are in place to review recruitment to current vacancies and skill mix. In addition, requested via VAP, 2.0wte additional band 6 for 18 months: predicted time will take to clear waiting list to 4 weeks if all vacancies are filled.

2 training sessions are being organised to support staff moving to new way of working (telephone triage, self-management information for GPs, exit strategies to community) with a plan to implement in April 2015 or as soon as training has taken place.

Weekly review of status of waiting times, staffing and activity continues to be undertaken and staffing challenges addressed where possible. However the service has not yet achieved a sustainable position where capacity matches demand.

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Nutrition and Dietetics

Capacity remains less than demand as there is not currently a full complement of staff. Posts are being progressed through the vacancy process.

DESMOND courses now have 3 new trainers and capacity for programme has increased by 35% and some additional clinics have been agreed.

Occupational Therapy

The waiting list is as a result of LD service demand for specialist assessment for dementia pathway. The waiting list is predicted to reduce following recruitment of a full time band 6; the Lead OT is also undertaking assessments on waiting list.

UNSCHEDULED CARE

Four Hour Emergency Access Standard

The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients. The local target remains at the national standard of 98%. The NHS Borders December performance was 91%.

Table 9 – Performance against the emergency access standard.

Emergency Access	*Jan-14*	*Feb-14*	*Mar-14*	*Mar-14*	*Apr-14*	*May-14*	*Jun-14*	*July-14*	*Aug-14*	*Sep-14*	*Oct-14*	*Nov - 14*	*Dec - 14*
Flow 1	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	100%	99%	97%
Flow 2	97%	95%	97%	97%	95%	91%	91%	93%	91%	89%	89%	94%	91%
Flow 3	92%	94%	96%	96%	93%	95%	90%	96%	89%	90%	95%	96%	82%
Flow 4	95%	94%	96%	96%	93%	92%	87%	95%	90%	92%	92%	98%	85%
Total	**96%**	**97%**	**98%**	**98%**	**96%**	**96%**	**95%**	**97%**	**95%**	**95%**	**97%**	**98%**	**91%**

There was a significant deterioration in the Emergency Access Standard in December. This was related to the level of delayed discharges and the pressure on the whole system of care.

There has been continued pressure on patient flow, however senior leaders within Primary, Acute and Community Services are working with the teams services to improve our performance with an agreed trajectory.

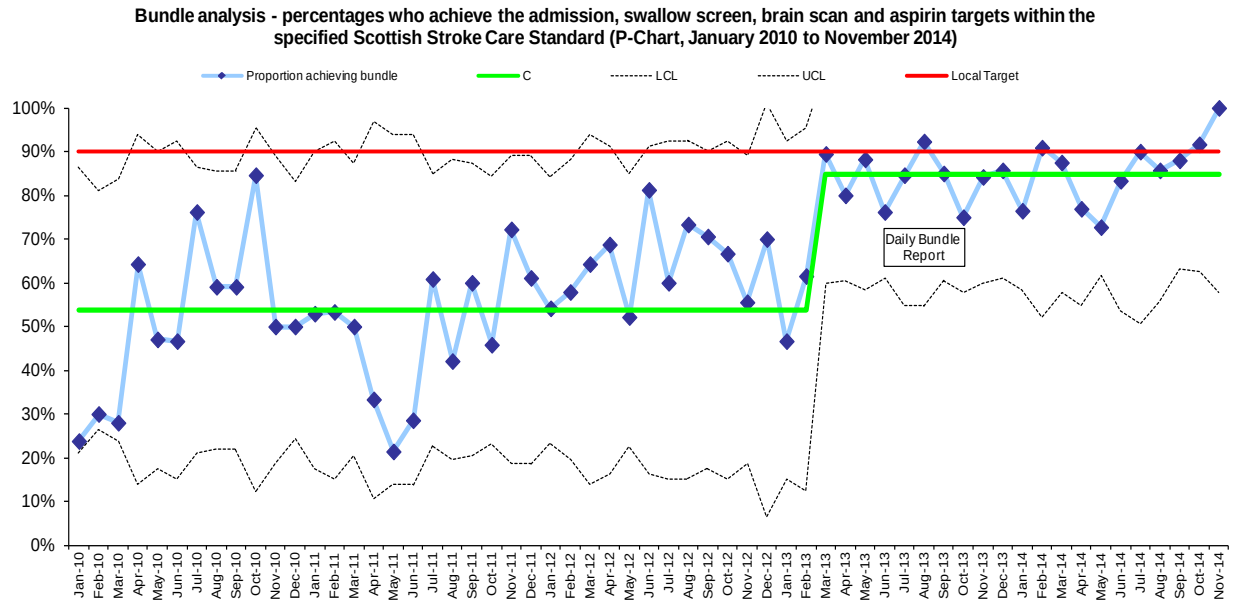
Stroke Bundle

Having moved on from the HEAT target to Stroke BUNDLE measurement against individual patients, daily reporting of red/amber/green (RAG) status has consistently maintained the bundle elements as a high priority in care delivery.

The Stroke Bundle is made up of the following elements of the Scottish Stroke Care Standards;

- admission to a dedicated Stroke Unit within 1 day of admission
- a swallow screen test on day of admission
- a brain scan within 24hours of admission
- appropriate treatment initiated within one day of admission

Performance against the Stoke standards are continually monitored and is well embedded within the Acute services.



MENTAL HEALTH

The Scottish Government has advised NHS Boards that they will evidence progress against national waiting time guarantees as reflected in the Local Delivery Plan (LDP). This will apply to CAMHS, Psychological Therapies and Drug & Alcohol Treatments.

CAMHS

The requirement is that from March 2013 Health Boards will deliver 26 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (CAMHS) reducing to 18 weeks by December 2014.

CAMHS continues to achieve this target although it is becoming more challenging. Referrals continue to increase and DCAQ work is underway to identify where efficiencies can be made to create more capacity in the workforce
NB There is a 1 month lag in reporting due to national verification requirements.

Psychological Therapies

The requirement is that from December 2014 Health Boards are expected to deliver 18 weeks RTT for Psychological Therapies.

Performance is as reported below:

Table 10 – Performance against 18 week RTT

	Jan-14	***Feb - 14***	***Mar -14***	***Apr - 14***	***May-14***	***Jun-14***	***July-14***	***Aug-14***	***Sep - 14***	***Oct - 14***	***Nov-14***	***Dec-14***
> 18 weeks	43	67	93	106	98	81	66	87	73	106	60	75

The table above shows current waits for Psychological Therapy. There is significant work being undertaken by the service to plan for improved and more timely access. This has a main focus of increasing the delivery of therapy by non Clinical Psychology qualified therapists. This will assist with maintaining performance by reducing reliance on a small group of clinicians.

Drug & Alcohol Treatment

This is a national HEAT Standard where the ongoing requirement is to deliver 3 weeks RTT for 90% of progressed referrals.

Performance is consistently above the target with quarterly performance to December 2014 at 98%.

Recommendation

The Board is asked to **note**:

- the ongoing challenges associated with scheduled care in particular the TTG and Outpatient Stage of Treatment standards and the work to address these
- the particular issues that will affect TTG performance for January - March 2015
- the ongoing challenges in Physiotherapy Waiting Times
- the challenging context in delivering 4-hour ED standard.

Policy/Strategy Implications	Not applicable
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Leadership and engagement across all staff groups Capture of real time information. Maximisation of internal and external capacity
Compliance with Board Policy requirements on Equality and Diversity	Not applicable
Resource/Staffing Implications	As budgeted

Approved by

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